

PARRA VICTOR  
 PLAINTIFF/PETITIONER/MOVANT'S NAME

P-58682  
 PRISON NUMBER

Richard J. Donovan Correctional Facility  
 PLACE OF CONFINEMENT

P.O. Box 799002  
San Diego CA 92179  
 ADDRESS

2254	1983	<input checked="" type="checkbox"/>
<b>FILING FEE PAID</b>		
Yes	No	<input checked="" type="checkbox"/>
<b>IFP MOTION FILED</b>		
Yes	No	<input checked="" type="checkbox"/>
<b>COPIES SENT TO</b>		
Court	ProSe	<input checked="" type="checkbox"/>

FILED

2008 JAN 31 PM 2:32

CLERK U.S. DISTRICT COURT  
 SOUTHERN DISTRICT OF CALIFORNIA

BY Rm DEPUTY

**United States District Court**  
**Southern District Of California**

**'08 CV 0191 H CAB**

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

PARRA VICTOR

Plaintiff/Petitioner/Movant

v.

R. HERNANDEZ et al.

Defendant/Respondent

**MOTION AND DECLARATION UNDER  
 PENALTY OF PERJURY IN SUPPORT  
 OF MOTION TO PROCEED IN FORMA  
PAUPERIS**

I, PARRA VICTO P-58682

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_

☐ Yes ☒ No

Do you receive any payment from the institution? \_\_\_\_\_

☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N-A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. NONE

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. Gift 50 dollars. I expect no more gives. received and Confiscated on 12-21-07

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N-A

b. Present balance in account(s): N-A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N-A

b. Present balance in account(s): N-A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: N-A

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

*N-A*

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

*NONE*

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

*Restitution of 10,000 \$*

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

*NONE*

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

*N-A*

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

*1-23-2008*

DATE

*Victor Parra*

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Victor Parra, Jr.  
(NAME OF INMATE)

P58682

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Richard S. Donovan Correctional Facility  
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

12-10-2007  
DATE

C. Rodriguez  
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

C. Rodriguez  
OFFICER'S FULL NAME (PRINTED)

Account Clerk II  
OFFICER'S TITLE/RANK

# INMATE REQUEST FOR CERTIFIED STATEMENT OF TRUST ACCOUNT

I, VICTOR PARRA JR. P-58682 F2-7-110  
VICTOR PARRA JR. P-58682 F2-7-110  
 Name: CDC #: Housing Unit  
 am seeking to bring a civil action or appeal a judgment in  
Writ of Mandate Writ of Mandate without prepayment of fees  
 Title of the Court: (i.e. U. S. District Court)  
 (In Forma Pauperis) pursuant to 28 U.S.C. 1915(a)(2).

Enter the caption for the legal action:

Parra Victor Jr. R. Hernandez  
R. Hernandez Parra Victor v. R. Hernandez  
 Plaintiff: Defendant:

Address of the Court:

California Superior Court  
San Diego County

P.O. Box 122724

San Diego CA 92112-2724

In order to proceed, a certified copy of my Trust Fund Account must be submitted to the court of jurisdiction. I understand that CDC regulations and the court require that the certified copy be submitted directly to the Court from the Institution's Accounting office. I request a statement be sent to the court.

Victor Parra Jr.  
Victor Parra Jr.  
 Inmate Signature:

This form must be submitted to the Central Librarian who will log the request in and forward the form to the Accounting office at the institution for processing.

The Inmate Request For Certified Statement Of Trust Account was received in the Central Library on, 11/28/07,

by E. Espinoza  
 Name of Librarian who logged request

A Certified Statement Of Trust Account for a six month period from 5-01-07 through 12-10-07 for the above identified inmate was processed through the Accounting Office at the Richard J. Donovan Correctional Facility on, 12-10-07, by C. Rodriguez  
 Date: Name of person processing

I, C. Rodriguez declare that on, 12-10-07, I deposited the Certified Statement of Trust Account in the United States Postal Service addressed as follows.

Signed: C. Rodriguez  
 Signature of employee mailing statement

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Victor Parra P-58682, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$250 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

1-23-2008

DATE

Victor Parra

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701

REPORT DATE: 12/10/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
R.J.DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC. 10, 2007

ACCOUNT NUMBER : P58682

BED/CELL NUMBER: F20700000000110L

ACCOUNT NAME : PARRA JR, VICTOR

ACCOUNT TYPE: I

PRIVILEGE GROUP: D

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
10/17/2006	H110	COPIES HOLD	1584/OCT06	4.65
10/17/2006	H110	COPIES HOLD	1584/OCT06	1.95
10/18/2006	H110	COPIES HOLD	1593/AUG06	2.70
10/18/2006	H110	COPIES HOLD	1593/AUG06	3.10
10/18/2006	H110	COPIES HOLD	1593/AUG06	5.30
10/18/2006	H110	COPIES HOLD	1593/AUG06	7.20
10/18/2006	H110	COPIES HOLD	1593/AUG06	4.45
02/05/2007	H110	COPIES HOLD	3225/JAN07	2.20
02/05/2007	H110	COPIES HOLD	3225/SEP06	2.05
02/05/2007	H110	COPIES HOLD	3225/SEP06	6.50
02/05/2007	H110	COPIES HOLD	3225/SEP06	2.90
02/05/2007	H110	COPIES HOLD	3225/DEC06	1.75
02/05/2007	H110	COPIES HOLD	3225/DEC06	0.80
02/05/2007	H110	COPIES HOLD	3225/JAN07	2.30
02/13/2007	H110	COPIES HOLD	3367/JAN07	24.25
02/27/2007	H110	COPIES HOLD	3548/FEB07	2.10
03/28/2007	H110	COPIES HOLD	4041/FEB07	0.50
03/28/2007	H110	COPIES HOLD	4041/MAR07	1.70
04/20/2007	H110	COPIES HOLD	4373/MAR07	50.00
05/17/2007	H110	COPIES HOLD	4876/MAY07	1.45
05/17/2007	H110	COPIES HOLD	4876/MAY07	6.45
06/25/2007	H110	COPIES HOLD	5561/JUN07	3.30
06/25/2007	H110	COPIES HOLD	5561/JUN07	4.00
06/25/2007	H110	COPIES HOLD	5561/JUN07	1.70

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	143.30	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

143.30-

REPORT ID: TS3030 .701

REPORT DATE: 01/02/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
R.J.DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JAN. 02, 2008

ACCOUNT NUMBER : P58682                      BED/CELL NUMBER: F20600000000232U  
ACCOUNT NAME : PARRA JR, VICTOR              ACCOUNT TYPE: I  
PRIVILEGE GROUP: D

## TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	12/01/2007		BEGINNING BALANCE					0.00
	12/21*DD31		CHECK DEPOSIT 3147/POBOX			45.00		45.00

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
10/17/2006	H110	COPIES HOLD	1584/OCT06	4.65
10/17/2006	H110	COPIES HOLD	1584/OCT06	1.95
10/18/2006	H110	COPIES HOLD	1593/AUG06	2.70
10/18/2006	H110	COPIES HOLD	1593/AUG06	3.10
10/18/2006	H110	COPIES HOLD	1593/AUG06	5.30
10/18/2006	H110	COPIES HOLD	1593/AUG06	7.20
10/18/2006	H110	COPIES HOLD	1593/AUG06	4.45
02/05/2007	H110	COPIES HOLD	3225/JAN07	2.20
02/05/2007	H110	COPIES HOLD	3225/SEP06	2.05
02/05/2007	H110	COPIES HOLD	3225/SEP06	6.50
02/05/2007	H110	COPIES HOLD	3225/SEP06	2.90
02/05/2007	H110	COPIES HOLD	3225/DEC06	1.75
02/05/2007	H110	COPIES HOLD	3225/DEC06	0.80
02/05/2007	H110	COPIES HOLD	3225/JAN07	2.30
02/13/2007	H110	COPIES HOLD	3367/JAN07	24.25
02/27/2007	H110	COPIES HOLD	3548/FEB07	2.10
03/28/2007	H110	COPIES HOLD	4041/FEB07	0.50
03/28/2007	H110	COPIES HOLD	4041/MAR07	1.70
04/20/2007	H110	COPIES HOLD	4373/MAR07	50.00
05/17/2007	H110	COPIES HOLD	4876/MAY07	1.45
05/17/2007	H110	COPIES HOLD	4876/MAY07	6.45
06/25/2007	H110	COPIES HOLD	5561/JUN07	3.30
06/25/2007	H110	COPIES HOLD	5561/JUN07	4.00
06/25/2007	H110	COPIES HOLD	5561/JUN07	1.70
12/21/2007	DD31	CHECK DEPOSIT ONLY	3147/POBOX	45.00



REPORT ID: TS3030 .701

REPORT DATE: 01/02/08

PAGE NO: 2

R.J.DONOVAN CORR. FACILITY  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JAN. 02, 2008

ACCT: P58682

ACCT NAME: PARRA JR, VICTOR

ACCT TYPE: I

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 10/06/99

CASE NUMBER: ICR20445

COUNTY CODE: RIV

FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/01/2007		BEGINNING BALANCE		9,779.82
12/21/07	DR31	REST DED-CHECK DEPOSIT	50.00-	9,729.82

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	45.00	0.00	45.00	188.30	0.00

CURRENT  
AVAILABLE  
BALANCE

143.30-